NAME OF TOWN/CITY:	

24-HOUR REPORT

For Municipal Candidates

Report Period: October 23 – November 4, 2013

CANDIDATE INFORMATION							
NAME OF CANDIDATE			Т	FELEPHONE NUMBER			
MAILING ADDRESS			C	OFFICE SOUGHT			
CITY, ZIP CODE			С	DISTRICT NUMBER (IF AN	Y)		
NAME OF AUTHORIZED COMMITTEE, IF ANY			<u>'</u>				
	TREASURER INF	ORM	ATION				
NAME OF TREASURER		TELEPHONE NUMBER					
MAILING ADDRESS	CITY, ZIP			ODE			
CONTRIBUTOR INFORMATION							
NAME OF CONTRIBUTOR		OCCUPATION					
NUMBER AND STREET		EMPLOYER					
CITY, STATE, ZIP CODE		For in-kind contributions received, describe the goods or services received:					
DATE OF CONTRIBUTION							
CONTRIBUTION AMOUNT: \$							
IF IN-KIND, REPORT FAIR MARKET VALUE: \$							
EXPENDITURE INFORMATION							
NAME OF PAYEE			DATE OF EXP	PENDITURE			
NUMBER AND STREET			EXPENDITUR	RE AMOUNT			
CITY, STATE, ZIP CODE							
PURPOSE OF EXPENDITURE							
l,	_ certify that the inforn	natio	n in this re	eport is true, corre	ct and complete.		
Signature of Treasurer	 Date	_s	ignature o	f Candidate	Date		

INSTRUCTIONS FOR FILING 24 HOUR REPORTS

If between October 23, 2013 through November 4, 2013, a candidate for state, county or municipal office makes a <u>single</u> expenditure of \$1,000 or more, receives a contribution of \$1,000 or more, or receives a loan from the candidate or candidate's spouse/domestic partner of \$1,000 or more, a 24 Hour Report must be filed.

The report must be filed within 24 hours of making the expenditure or receiving the contribution or loan.

FACSIMILE TRANSMISSION

A properly signed report may be faxed to the municipal clerk, provided the original is received by the municipal clerk within 5 calendar days.

IMPORTANT

The information contained in this report must be included on the appropriate schedule of the 42-Day Post Election Report.

QUESTIONS

Please contact either the Clerk's Office or the Ethics Commission: (207)287-4179.